

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES



BRIAN SCHWEITZER
GOVERNOR

JOAN MILES
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov

Dear Prospective Adult Foster Home Provider:

This is in response to your inquiry about our procedure to license an adult foster care home.

The following items are enclosed for your reference:

- a) *Administrative Rules for Licensure as an Adult Foster Care Home, including:*
 - 1. 50-5-101,MCA, 50-5-201, MCA through 50-5-208,MCA and 50-5-216MCA – “Licensing Authority”
 - 2. 52-3-801 MCA through 52-3-825, MCA, Montana Elder and Persons with Developmental Disabilities Abuse Act
- b) *Licensure Bureau Interpretive Guidelines/ Survey tool;*
- c) *Medicaid Waiver information; and*
- d) *Sample forms*

Enclosed application forms include:

- e) *A license application form;*
- f) *Personal Statement of Health - (2 enclosed);*
- g) *Release of Information for each employee and each family member in residence over 18 years of age (2 enclosed);*
- h) *Release of Driving Records (2 enclosed);*
- i) *Fire safety compliance form;*

The following items must be completed and submitted to initiate the licensing process:

- *A completed license application with the appropriate fee;*
- *A completed Personal Statement of Health for each employee of the facility and each person living in the household (This DOES NOT include adult foster care residents)*
- *TB test results for each employee of the facility;*

- *A Release of Information for each member of the family over 18 years of age in residence at the home and each employee of the facility;*
- *A completed Release of Driving Records form for each employee of the facility;*
- *If you use well water, please submit a copy of a report of the well water for potability dated within the past year. You may contact your local county health department for assistance;*
- *All applicants must submit a floor plan (can be hand drawn if dimensioned) of your facility indicating the size of all areas utilized by the residents. If the bedroom has any built in obstruction (i.e. a closet or bookcase) measurements are made from the front of the closet door/bookcase, (not from the closet back wall) to the opposite wall;*
- *The following policies and forms must be submitted as a part of your application:*
- *Resident Grievance Policy; Resident Payment Refunds Policy; Written Placement Agreement; Accident Sudden Illness report form; and,*
- *Fire Safety Compliance Form.*

Upon submission of ALL appropriate information for your facility, this Bureau will schedule an onsite visit within 45 working days from the receipt of the last document. You may not provide services to residents in your home until you are licensed.

*Please complete and return all items above, **with appropriate fee of \$20.00** to the address specified below. Please use label that is provided.*

Kathy Cook, Administrative Assistant
DPHHS/Quality Assurance Division/Licensure Bureau
2401 Colonial Dr, PO Box 202953
Helena MT 59620-2953

If you have further questions, please call; Julie Fink, Licensing Program Manager 563-3448 or your area licensing specialist on the Community Residential Licensing Program Guide.

Sincerely,

*Kathy Cook, Administrative Assistant
Licensure Bureau
Quality Assurance Division
(406)444-2921*